

S. No. 2  
-11-10-39  
5-17-39  
I X21492

FILED AUG 14 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24201**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2814**

1. PLACE OF DEATH: **JACKSON** **2**  
(a) County  
(b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **6 W ARMOUR**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6 W. ARMOUR**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **GEORGE M. SHUCK** **200**  
(b) If veteran, name war **NO**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **JULY** day **11**  
year **1940** hour **8** minute **P** M.  
21. I hereby certify that I attended the deceased from **4/4/39**  
19\_\_\_\_, to **7/12/40**, 19\_\_\_\_

4. Sex **MALE**  
5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
(b) Name of husband or wife **ALICE**  
(c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **SEPT 5 1869**  
(Month) (Day) (Year)

that I last saw him alive on **7-11**, 19\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death **Hypertensive heart disease** *Duration*

8. AGE: Years **70** Months **10** Days **6** If less than one day  
hr. min.

Due to **Hypertension** **95 B**

9. Birthplace **EMMINENCE MISSOURI** **0**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation **LUMBERMAN** **1**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name **NED SHUCK** **4**

Of autopsy \_\_\_\_\_

13. Birthplace **TENN**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY UNKNOWN**  
(City, town, or county) (State or foreign country)

15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Shuck**

(b) Address **6 W ARMOUR**

17. (a) **BURIAL** (b) Date thereof **7-13-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Memorial Park CKC**

18. (a) Signature of funeral director **Robbie McEach**  
**1410 Minnesota Ave**

(b) Address **M. M. Browne**  
(Date of registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (If at home, give location)

23. Signature **George C. Lee** (M. D. or other) **M. D.**

Address **1630 Professional Bldg** Date signed **7/12/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Orville H. Beckwith

Licensed Embalmer No. 2927

P. O. Address Kansas City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**